

City of Burbank - Parks and Recreation Department 1301 W Olive Ave, Burbank CA 91506 P: 818.238.5370 Fax: 818.238.5388

Email: BVP@burbankca.gov

Please complete application below and return via mail or in person to the address above. Should you have any questions, please feel fee to contact us at any time.

Personal Information:			
First Name:	Last Name:		
Contact Information:			
Street Address			
City	State	Zip Code	
Phone Number	Cell Phone Number		
Email Address			



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High School Education: Please list the	e high school you attended	or are currently attendi	ng.		
High School Name		Year Graduated/Current Grade			
Address	City	State	Zip		
College Education: Please list the operation previously attended.	colleges or universities that	you are currently atte	ending or have		
College/University Name		Years Attende	ed		
Address	City	State	Zip		
Ārea of Study					
Type of Diploma or Degree Received	t	Gradu	ation Year		
College Education: Please list the operation previously attended.	colleges or universities that	you are currently atto	ending or have		
College/University Name		Years Attended			
Address	City	State	Zip		
Area of Study					
Type of Diploma or Degree Received	t	Gradu	ation Year		



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Name of organization		Dates of services	
Address	City	State	Zip
Telephone Number			
lob Title and Primary Duties:			
Name of organization		Dates of services	
Address	City	State	Zip
Telephone Number			
Telephone Number ob Title and Primary Duties:			



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References: Please list three per references. Also, please attach or				serve as
Name 1			Institute	
Title/Position		Telephone	Number & Email Addres	SS
Name 2			Institute	
Title/Position		Telephone	Number & Email Addres	 SS
Name 3			Institute	
Title/Position		Telephone	Number & Email Addres	 SS
Please check all skills and areas in Program.	n which you are interesto	ed in develo	ping through the LEAD	the Way
Customer Service Skills	Communication Skills		Team Building	
Working Independently	Data Entry		Designing Flyers/Ads	
Phone Etiquette	Resources Available w	vith the City o	of Burbank	
Please list any other skills you wo	uld like to develop during	र the progran	n:	



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De	claration:			
Ву	applying for the LEAD the Way Program, I understand that:			
•	If accepted into the LEAD the Way internship program, I agree to abide by all current and future policies, rules and regulations of the LEAD the Way & Burbank Volunteer Program.			
•	I further agree that my work in the LEAD the Way program is at-will and can be terminated at any time if I am not meeting the expectations of the program.			
•	This is a 150 hour commitment and it is mandatory that I attend all training sessions.			
•	I acknowledge that I have received a BVP handbook and will review it.			
•	Once my placement has been made, I cannot change locations and must be available for a minimum of 12 hours and/or 3 days a week.			
mis	ertify that all my statement on this application are correct, and realize that falsification or srepresentation of this or any other personal record may result in the withdrawal of any offer made in my discharge.			
_ Si	gnature Date			
If	minor: Parent Signature Date			